



**THE OFFICE OF REGULATORY STAFF
OF SOUTH CAROLINA**

**PIPELINE SAFETY COMPREHENSIVE
INSPECTION REPORT
LEAKAGE SURVEY**

OPERATOR (A-O) [REDACTED] (P-Z) [REDACTED]

DATE [REDACTED]

The Office of Regulatory Staff of South Carolina
Pipeline Safety Corrosion Control Inspection Form

OPERATOR (A-O) [] (P-Z) []

LOCATION [] DATE []

ORS PERSONNEL: [] [] [] []

NAME AND TITLE OF OPERATOR PERSONNEL PERFORMING JOB TASK:

NAME: [] TITLE []

IS OPERATOR PERSONNEL QUALIFIED TO PERFORM THE JOB TASK?

YES NO

DOES THE PERSON PERFORMING THE TASK HAVE OPERATOR QUALIFICATION

DOCUMENTATION ON THE JOB SITE? YES NO

Additional Comments:

[]

CFR PART 192

.723 (a) Does the operator conduct leakage surveys with leak detection equipment in accordance with this part? **YES** **NO**

.723 (b) (1) Does the operator conduct leakage surveys of business districts as frequently as necessary but at intervals not exceeding 15 months and at least once each calendar year? **YES** **NO**

Has the operator correctly designated business districts consistent with OPS interpretations? **YES** **NO**
(Business districts are not necessarily limited to downtown areas. Other locations such as schools, churches, and mini-malls should be included.)

.723 (b) (2) Does the operator conduct leakage surveys of areas outside the business districts as often as necessary but at intervals not exceeding 5 years? **YES** **NO**

Does the operator identify cathodically unprotected distribution lines that are subject to §192.465(e) on which electrical surveys are impractical and conduct leakage surveys on these lines at intervals not exceeding 3 years? **YES** **NO**

Does the operator have written procedures for leakage surveys? **YES** **NO**

SCPSC REGS

103.493 Does the operator have in place procedures for receiving reports of leaks, odor or damage to gas facilities by contractors or other outside sources? YES NO

Are customer call-ins responded to promptly? YES NO

Total number of documented operator responses reviewed

Does information include time the notice was received, dispatch time, arrival time of gas personnel at the scene, time situation was made safe, and brief description of the situation? YES NO

103.493.2 Does the operator have a procedure for classifying leaks 1, 2, 3 or A, B, C according to the following: YES NO

- Grade 1 - requires immediate repair.
- Grade 2 - requires scheduled repair based on probable future hazard.
- Grade 3 - non-hazardous.

103.493.3 Does the operator conduct leakage surveys of buried pipe not cathodically protected at intervals not exceeding 12 months? YES NO

103.493.4 Does the operator prohibit the use of vegetation leak surveys? YES NO

103.465.1.b Does the operator conduct leakage surveys of inactive service lines at intervals not exceeding 24 months? YES NO

CFR PART 192 (CONT.)

192.13 (c) List below leakage survey information.

1. Name of company or individual conducting the survey:

██████████

2. Date began and date ending:

██████ - ██████

3. % Business:

██████████

% Residential:

██████████

4. Total # Services:

██████████

Total # Inactives:

██████████

5. # Grade 1 found: ██████████

Grade 1 repaired: ██████████

Grade 2 found: ██████████

Grade 2 repaired: ██████████

Grade 3 found: ██████████

Grade 3 repaired: ██████████

6. # of leak survey records reviewed: ██████████

7. # of leak repair records reviewed: ██████████

192.13 Are procedures and records consistent with the operator's O&M Plan? **YES** **NO**

Does the operator's O&M Plan adequately address current DOT requirements concerning leakage detection and repair? **YES** **NO**

192.703 (c) Are all hazardous leaks repaired promptly? **YES** **NO**

List field inspections of previously repaired leaks:

| LOCATION | DESCRIPTION | POSITIVE/ NEGATIVE |
|------------|-------------|---|
| [REDACTED] | [REDACTED] | P <input type="checkbox"/> N <input type="checkbox"/> |
| [REDACTED] | [REDACTED] | P <input type="checkbox"/> N <input type="checkbox"/> |
| [REDACTED] | [REDACTED] | P <input type="checkbox"/> N <input type="checkbox"/> |
| [REDACTED] | [REDACTED] | P <input type="checkbox"/> N <input type="checkbox"/> |
| [REDACTED] | [REDACTED] | P <input type="checkbox"/> N <input type="checkbox"/> |
| [REDACTED] | [REDACTED] | P <input type="checkbox"/> N <input type="checkbox"/> |
| [REDACTED] | [REDACTED] | P <input type="checkbox"/> N <input type="checkbox"/> |
| [REDACTED] | [REDACTED] | P <input type="checkbox"/> N <input type="checkbox"/> |
| [REDACTED] | [REDACTED] | P <input type="checkbox"/> N <input type="checkbox"/> |
| [REDACTED] | [REDACTED] | P <input type="checkbox"/> N <input type="checkbox"/> |
| [REDACTED] | [REDACTED] | P <input type="checkbox"/> N <input type="checkbox"/> |
| [REDACTED] | [REDACTED] | P <input type="checkbox"/> N <input type="checkbox"/> |

- 192.725 (a) Does the operator test reinstated service lines in the same manner as new services? **YES** **NO**
- 192.727 (a) Does the operator abandon or deactivate lines in accordance with this part? **YES** **NO**
- 192.727 (b) Does the operator disconnect both ends, purge, and seal each end before abandonment or an inactivation period where the pipeline is not being maintained? **YES** **NO**
- 192.727 (d) Does the operator, when discontinuing service to a customer, lock or take other means to prevent unauthorized access to the facility? **YES** **NO**
- 192.605 Does the operator's O&M Plan adequately address current DOT requirements concerning deactivation and/or abandonment of pipelines? **YES** **NO**